2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State
01-11-2007 90054 005 ***150.00

DOCUMENT # P94000076924

1. Entity Name
RAFE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
17101 SW 62 STREET SOUTHWEST RANCHES, FL 33331	17101 SW 62 STREET SOUTHWEST RANCHES, FL 33331

01082007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5330 SW 172 AVE	SAM
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Southwest Ranches	City & State: Same
Zip: 33331 Country: USA	Zip: Same Country: Same

4. FEI Number: 65-0531517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA FE, JORGE 17101 SW 62 STREET SOUTHWEST RANCHES, FL 33331	Name: DEBORAH A RAMIREZ Street Address (P.O. Box Number is Not Acceptable): 5330 SW 172 AVE Southwest Ranches City FL Zip Code 33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 1-08-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, DEBORAH A		NAME		
STREET ADDRESS	17101 SW 62ND ST		STREET ADDRESS		
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]